DOCUMENT RESUME

ED 260 183 CE 041 708

AUTHOR Branson, Bonnie
TITLE Clinical Guidelines. Dental Hygiene Program.
INSTITUTION Southern Illinois Univ., Carbondale.
PUB DATE Jul 85
NOTE 38p.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Associate Degrees; *Clinical Experience; *Dental Clinics; Dental Evaluation; Dental Health; *Dental Hygienists; Dentistry; Dress Codes; Equipment; *Guidelines; Higher Education; Occupational Safety and Health; Recordkeeping; *Student Behavior; Student College Relationship; Student Development; Student Evaluation; Student Problems; *Student Responsibility; Student Rights; Student Role
IDENTIFIERS *Southern Illinois University Carbondale

ABSTRACT

This manual contains information concerning the policies and procedures of the Southern Illinois University-Carbondale Dental Hygiene Clinic. The manual is presented in a question/answer format for the information and convenience of dental hygiene students in the program, and is intended to answer their questions concerning clinical policies and procedures. The policies and procedures cover the following situations: faculty, objectives, conduct code, appearance, absences and tardiness, time use, requirements, types (i.e., degree of difficulty of the oral conditions presented), patients, patient charts, forms, schedule of appointment activities, health and safety, premedicated patients, equipment, instruments, and ultrasonic scaling devices. A technique evaluation form for rating students also is included in the booklet. (KC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED260183

CLINICAL GUIDELINES

Dental Hygiene Program
Southern Illinois University
Carbondale, Illinois

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPPODUCE THIS MATERIAL HAS BEEN GRANTED BY

B S Branson

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CE 041 708

TABLE OF CONTENTS

	Page
Introduction	ii
Faculty	1
Objectives	4
Conduct Code	7
Appearance	9
Absences and Tardiness	11
Time Use	13
Requirements	14
Types	15
Patients	17
Patient Charts	18
Forms	19
Schedule of Appointment Activities	21
Health and Safety	28
Premedicated Patient	29
Equipment	30
Instruments	31
Ultrasonic Scaling Devices	32

INTRODUCTION

Dear Dental Hygiene Student:

This manual contains information concerning the policies and procedures of the SIU-Carbondale Dental Hygiene Clinic. This manual has been assembled in a question/answer format for your information and convenience. It is our hope that the manual will help answer your questions concerning clinical policies and procedures. We encourage you to read this manual prior to your clinical experience and refer to it as often as needed when questions arise.

The policies and procedures of the SIU-Carbondale Dental Hygiene Clinic have been developed over years of clinical operation. All policies and procedures are discussed among the clinical faculty and proper authorities before they are implemented. All decisions concerning the operation of the dental hygiene clinic are only made after considering several areas. These areas are:

1. That the dental hygiene student's clinical experience be a valuable part of the total dental hygiene education.

2. That the dental hygiene clinic serve the needs of the public in the most professional manner.

3. That the dental hygiene clinical policies fall within the standards set by the Illinois Dental Practice Act, the University policies and the Commission on Dental Accreditation.

Please be assured that the policies and procedures are designed to meet the above areas of concern. It is the intent of all the clinical faculty that the policies and procedures be followed. It is for that reason that we encourage each student to be familiar with the contents of this manual. We welcome your questions or suggestions concerning this manual.

Sincerely,

Bonnie Branson

BB:51DH-L

CLINIC FACULTY

*Who is on the clinic faculty?

The clinic faculty is made up from members of the total dental hygiene faculty. Members of the clinic faculty have practiced dentistry or dental hygiene after completing their education. Several members of the clinical faculty are engaged in private practice as well as teaching. All faculty members have been approved by the University. All faculty members are active in continuing education and faculty development.

Below is a list of the clinical faculty positions and the responsibilities attached to each. We encourage each student to approach the appropriate person with questions or problems.

Supervising Dentist

The responsibilities of the supervising dentist are to:

1. Assist and evaluate students during the screening procedures.
2. Assist students with difficult type patients.
3. Be available to students and faculty to answer questions that may arise during clinical procedures.
4. Interpret radiographs.

Clinical Supervisor

The responsibilities of the clinical coordinator are to:

1. Organize clinical activities.
2. Maintain dental hygiene student progress folders and operate the clinical grade system.
3. Represent the clinic faculty when needed.
4. Conduct regular clinic faculty meetings.
5. Answer questions concerning clinical operations.

Clinical Instructor

A clinic instructor is assigned to each clinic section. The instructor will be available to students within the clinic section. The responsibilities of the clinic instructor are:

1. Be present in assigned clinic sessions and aid students in procedures with patients.
2. Keep track of students activities and attendance.
3. Oversee the operations of each clinic session.
4. Be available to dental hygiene students to answer questions that may arise during clinical procedures.

Clinical Skills Development Instructor

The skills instructor provides one-on-one instruction to students in a specifically designated section of clinic.

Clinical Facilitator

The facilitator is the instructor assigned to give assistance during treatment of patients. This instructor is not repsonsible for assigning grades.

Clinical Evaluator

The evaluator is the instructor assigned to evaluate certain tasks for the end product grade and the technique grade.

Clinical Adviser

The student may be assigned an adviser should the learning experience warrant this type of relationship. The responsibilities of the adviser are to:

1. Meet with advisers as often as needed during the semester to keep track of clinical activities and progress.
2. Answer advise questions and/or counsel as necessary.
3. Work individually with students to remedy technique problems.

Radiology Coordinator

The radiology coordinator is usually the faculty member assigned to teach dental radiology. The responsibilities of the radiology coordinator are to:

1. Develop and implement policies concerning all aspects of clinical radiology.
2. Instruct students and faculty in policies and procedures concerning the exposing, developing, duplicating and mailing of radiographs.
3. Be available to students, patients and faculty to answer questions concerning dental radiology.
4. Monitor the duties of the x-ray assistant.

Equipment Coordinator

One of the clinic faculty members is assigned to the position of equipment coordinator. The responsibilities of this position are to:

1. Develop and implement policies and procedures concerning all aspects of proper equipment maintenance and repair.
2. Instruct students and faculty in above policies and procedures.
3. Arrange for repair of non-functioning equipment.
4. Answer questions concerning equipment and its maintenance.

Inventory Control Coordinator

One clinic faculty member is assigned this position. The responsibilities of the position are to:

1. Develop and implement policies and procedures concerning all aspects of inventory control.
2. Instruct students and faculty in the above policies and procedures and in the use of new dental products.
3. Order supplies when needed.
4. Control supply usage.
5. Answer questions concerning supplies and their use.
6. Monitor the duties of the clinic assistant.

Reception Desk Coordinator

One clinic faculty member is assigned this position. The responsibilities of the position are:

1. To instruct students and faculty in the proper reception desk procedures.
2. Monitor activities at the reception desk to see that all policies and procedures are carried out.
3. Oversee the collection of fees.
4. Answer questions concerning operation of the reception desk.

Clinic Monitor

One clinic faculty member is assigned this responsibility. This responsibility rotates throughout the clinical faculty. The monitor will have the following duties:

1. A.M. session:

   a. Open the clinic approximately 20 minutes before the session is to begin to allow students time for set-up.

2. P.M. session:

   a. Check all sections and autoclaves to be sure that the clinic is properly shut down.

   b. See that all students have safely left the clinic for the day.

Records Clerk

The records clerk is a student worker assigned to the dental hygiene records room. The records clerk will be responsible for patient records and the master appointment book.

CLINICAL DENTAL HYGIENE OBJECTIVES

*What is the course description for DH 208, DH 209, DH 310A, and DH 310B?

The student will develop and perform skill, dexterity, and use of judgment in professional services and procedures relating to preventive dentistry on designated clinical patients.

Proficiency will be demonstrated for all listed course objectives and services associated with the clinical practice of dental hygiene.

*What are the clinical objectives for DH 208, DH 209, DH 310A, and DH 310B?

General Objectives

1. Demonstrate personal attitudes which lend to effective human relations skills.
   a. Demonstrate maturity and self-confidence.
   b. Demonstrate willingness to accept responsibility for personal behavior.
2. Demonstrate flexibility in working with different personalities and value systems.
3. Analyze situations before reacting in an effort to decide upon the best solution.
4. Seek counseling/advice in problem solving when appropriate.
5. Actively and consistently participate in clinical activities.
6. Demonstrate positive self concept and identifies applicable plans for improvement in areas of weaknesses.
7. Demonstrate skill in teaching basic concepts in hygiene instruction. Adapt teaching to learner's level and utilize feedback to assess learning. Initiate teaching on basis of learner's needs.
8. Communicate verbally in a pleasant, concise and understandable manner.
9. Maintain complete, accurate and legible patient records.

Terminal Clinic Objectives

The clinical and didactic courses in the dental hygiene program provide the dental hygiene student with the opportunity to obtain high levels in providing oral health care to patients. The student will:

1. Maintain asepsis when working in all clinical areas by utilizing the appropriate sterile techniques.

2. Maintain at all times a neat and orderly operating area.

3. Record, review and/or up-date the patient's medical and dental histories according to the procedures specified in the manual.

4. Position patient and operator to attain maximum visibility and accessibility.

5. Perform a complete intra and extra oral inspection on each patient and record pertinent information.

6. Read, record, and monitor vital signs.

7. Administer and/or perform diagnostic tests and procedures; i.e., transillumination, caries activity, gingival and plaque indices, study models, etc., according to the instructions learned in Oral Diagnosis.

8. Remove all supragingival and subgingival deposits to the depth of the gingival sulcus to obtain a smooth tooth surface.

9. Perform deep scaling, root planing, and soft tissue curettage when such treatment is indicated.

10. Remove all extrinsic stains and plaque from the tooth surfaces.

11. Remove excess materials from margins of restorations.

12. Polish amalgam and/or gold restorations.

13. Demonstrate the techniques for the preparation and application of topical fluorides.

14. Clean, polish, and scale, if necessary, removable and fixed prosthetic appliances.

15. Expose, process, mount and evaluate dental radiographs of diagnostic quality.

16. Demonstrate and explain home care instructions specific to the needs of each patient utilizing plaque control techniques.

17. Plan, provide, and evaluate instructions for the most appropriate type of disease control program for a patient requiring this type of service.

18. Identify needs for counseling a patient regarding diet and nutrition.

19. Plan, provide and evaluate instructions for diet and nutrition.

20. Plan dental hygiene treatment (care), schedule appointments, and determine recall intervals according to the specific needs of each patient.

21. Demonstrate the ability to maintain effectively sharpened instruments for use in all clinical dental hygiene procedures.

22. Explain the rationale for the patient's treatment prescribed by the dentist utilizing the knowledge and information gained in all courses.

23. Recognize the potential of and administer or assist in administering emergency care to patients if the situation should arise.

STUDENT CONDUCT CODE

*What is academic dishonesty?

Academic, dishonesty includes cheating on examinations, papers, falsifying clinic grades or patient records or failing to submit clinical records.

*What happens if I am convicted of academic misconduct?

Academic misconduct disciplinary proceedings will be handled in accordance with the Student Academic Dishonesty Procedures of the School of Technical Careers.

Furthermore, the following policy for academic dishonesty has been adopted by the dental hygiene faculty.

First Violation

The dental hygiene instructor will assign a failing grade for a paper, examination, or clinic grade. The dental hygiene faculty will be notified of the student's name, nature of the violation, and the action taken by the instructor.

Second Violation

The dental hygiene instructor will assign a failing grade for the course and notify the dental hygiene faculty. The dental hygiene faculty will recommend in writing to the dental hygiene coordinator that a student be dropped from Dental Hygiene program.

All academic dishonesty matters will be handled quickly and at the level where the violation occurs.

Appeal procedures by the student will proceed according to the procedures set forth in the Student Academic Dishonesty Procedures of the School of Technical Careers.

*What happens if I am convicted of theft?

Theft, accessory to theft, and/or possession of stolen property will result in the following disciplinary action within the program.

First Violation

The student will be put on disciplinary probation within the dental hygiene program until graduation. The dental hygiene faculty will be notified of the student's name and nature of the offense.

The dental hygiene faculty will remove the student from the status of Good Standing within the dental hygiene program.

Second Violation

The dental hygiene faculty will initiate the recommendation to the Division Director for indefinite suspension of the student.

PROFESSIONAL APPEARANCE OF OPERATOR

*What am I expected to wear while in clinic?

The following rules apply whenever the operator is in clinical attire and/or whenever the operator is performing in a professional capacity.

A. Hair (males or females)
   1. Hair must be clean.
   2. Hair must never impair the operator's vision.
   3. Hair must never be distracting to the patient.
   4. Hair must not rest on the collar of the uniform (long hair up, neat).
   5. Bangs must be kept out of the way either naturally or with small, simple barrettes.
   6. When pinned back and up, hair should appear neat.
   7. Pony tails are acceptable as long as they do not rest on the uniform collar.
   8. Males
      a. Must be clean shaven daily; trimmed mustaches are allowed; no beards.
      b. Must keep hair cut above the ear lobes and trimmed.

B. Uniforms
   1. Uniforms will always be clean and pressed for clinic.
   2. Dress uniforms should be of an appropriate length.
   3. Only school uniforms are to be worn.
   4. Uniforms should only be worn when in patient contact.

C. School Uniform
   1. The student will be required to purchase at lease three uniforms.
   2. The student will be required to purchase the culotte uniform.
   3. The student will be given the choice of a white pants uniform, a colored smock and white culottes, or a dress-type uniform.
   4. Only the accepted school uniform will be allowed during clinical sessions.

D. Lab Coat
   1. Should be worn to and from clinic to preserve uniform.
   2. Will be worn over street clothes whenever the operator is working in a professional capacity.
   3. Will be kept clean and pressed.
   4. Name pin is to be worn on the left side of the lab coat.

E. Nylons
   1. Wear clean white nylons with dress uniforms. Run-free.
   2. White knee-hi nylons may be worn with slack uniforms.

F. Jewelry
   1. Only the following jewelry will be acceptable to wear while in a uniform.
      a. watch (not the ornate costume jewelry type)
      b. necklace (only one which is small and not distracting or hazardous to the patient)
   2. The following jewelry is not acceptable to wear while in a uniform:
      a. earrings
      b. rings of any kind
      c. bracelets

G. Cosmetics
   1. Makeup should be worn at a minimum.
   2. Perfume is not allowed.
   3. Deodorant is required daily.

H. Shoes
   1. Will be cleaned and polished for each clinic session.
   2. Shoelaces should be cleaned frequently to keep white.
   3. Clinic shoes will be worn in laboratory sessions held in the clinic.

I. Glasses
   1. Safety glasses will be worn when in clinic at all times.
   2. Glasses should be properly adjusted.

J. Fingernails
   1. Must be clean, short, and well manicured.
   2. Must not be painted with any kind of polish (no clear).

K. Undergarments
   1. Undergarments should not be readily visible through uniform.

L. Face Mask
   1. A face mask will be worn during all intra-oral procedures.

M. Gloves
   1. Gloves will be worn during all intra-oral procedures.

*What measures are taken if this dress code is not followed?

The faculty member will first note the situation. The faculty member will then suggest a change to the student. (This is the only warning.)

If the student disagrees, or if the problem arises again, the following action will be taken immediately.

1. The problem concerning the student is noted.
2. The faculty member will dismiss the student from the clinic session. The student will receive an "E" in personal appearance for the day.
3. The faculty member will report this situation to the clinic supervisor.

ATTENDANCE

Each student is expected to: 1) attend all scheduled clinic sessions, 2) arrive on time for these sessions and 3) put forth a maximum of effort while in the clinic. The clinical faculty realize that occasionally illness and special events will interrupt a student's schedule and that planned and unplanned absences could arise during a semester. We suggest that a student consider the unpredictability of his/her health when planning absences. The following will give you information concerning handling of planned absences, unplanned absences, unexcused absences, make-up time, and policies concerning tardiness and chronic absenteeism.

Unplanned Absence

*What should I do if I am ill and unable to attend a clinical session?

It is your responsibility to phone the student receptionist at the dental hygiene clinic at the very beginning of the clinic session, phone number: 529-1342. The student receptionist will complete an absence report and inform your section instructor. It will also be your responsibility to cancel your appointments for the session.

*What should I do if I am ill on a day which I am assigned a duty?

If you are ill on a day on which you are assigned a duty, it is your responsibility to phone the clinic and inform an instructor of the situation. Your duties must be covered in some manner. If your duties cannot be covered it is possible you will receive a grade of "E" for the duty.

*What should I do if I am unable to attend a session at the Dental School?

You must call the appropriate person and inform them of the situation.

East Saint Louis Dental Clinic — Dr. David Mehlisch, Clinical Director, (618) 271-0803

Planned Absence

*What do I do to arrange for a planned absence?

It will be necessary for you to seek permission from the clinical coordinator as soon as possible before the absence, preferably several days or longer. It will then be your responsibility to inform your section instructor of your planned absence. It will be your responsibility to find someone to take your place if you are assigned to a duty--x-ray assistant, clinic assistant, receptionist, screening, or special group. Please carefully schedule your planned absences. Too many of these could cause you to lose valuable clinic time.

Make-Up Time

*When are my absences eligible for make up time?

Occasional planned and unplanned absences are not eligible for make up time. Make up time will be considered in instances where a student has suffered a lengthy illness and has not been able to attend clinic for a period of more than two consecutive clinic sessions and can prove illness with a physician's statement.

Unexcused Absence

*What is an unexcused absence?

An unexcused absence occurs when you are not present for a scheduled session and have not made arrangements for your duty to be covered or not contacted your patient.

*What is the penalty for an unexcused absence?

Each unexcused absence will result in an "E" grade in the "Professionalism" category on your technique grade. Two unexcused absences will result in the drop of your final grade by one letter.

Tardiness

*What is considered tardiness?

You are considered late if you arrive ten minutes or more late for clinic, or Dental School assignments. You are also considered tardy if you leave before the scheduled ending time of a session or without the permission of your clinic instructor.

*What is the penalty for tardiness?

Each instance of tardiness is reported to the clinic supervisor. An instance of tardiness is considered an unexcused absence. Two unexcused absences result in the drop of the semester grade by one letter.

*What should I do if I see I am going to arrive late?

Call. Let the person expecting you know that you will be arriving late.

Chronic Absenteeism/Tardiness

Each semester requirements are set that necessitate your full attendance and participation to complete. Chronic absenteeism and/or tardiness result in the loss of valuable clinic time. Students with this problem will be dealt with on an individual basis by the clinic supervisor and if necessary, the program coordinator.

TIME USE

*When am I supposed to be in clinic?

You are expected to be present in the clinic for the entire scheduled time unless you have arranged for a planned absence or have been dismissed by your clinic instructor.

*Am I expected to have a patient in the chair during all that time?

It is expected that you will be involved in patient services during all of the clinic session. Patients will be dismissed one-half hour before the end of the clinic session. This time will be used for clean-up, unit checks, and student/instructor discussions.

*What should I do if I have a broken or cancelled appointment?

You are expected to report the situation to your clinic section instructor. The instructor will suggest activities that will be valuable to you at the time. You are not to leave clinic, nor sit in the reception area, but to remain busy throughout the clinic period. Some suggestions for the use of your time:

1. Assist screeners
2. Assist clinic assistant, x-ray assistant or receptionist.
3. Sharpen your instruments and clean and organize your instrument case.
4. Talk with your section instructor concerning your clinical technique and receive help where necessary.

The broken or cancelled appointment must be noted in the patient's record and signed by an instructor on the day of the occurrence.

*Are there exceptions to any of the above policies?

Yes. When you are assigned to the Dental School, you are expected to be in attendance at the clinical site for the assigned time. Your activities are directed by the specific person in charge. More information is included under the headings concerning this activity.

REQUIREMENTS

*What is a type?

A type refers to the degree of difficulty that a patient's oral condition presents to the dental hygienist. For a classification of types refer to additional material.

*What is a patient credit?

A patient credit is credit given for time spent performing clinical services.

*What is a patient credit grade?

In order to help the student complete a sufficient amount of clinical work a patient credit grade is given each semester based on the amount of patient credits a student earns. The student must meet a minimum of patient credits to complete the semester's requirement and to earn the patient credit grade of "C". Students earning higher than the minimum patient credit grade will be assigned a grade determined from a listing of patient credits earned by the entire class. This "patient credit" grade is averaged with other clinical grades to determine your semester clinical grade.

*What is required of me each semester?

Each semester a list of requirements will be given to you. These requirements will include:

1. required clinical tasks
2. required types of clinical patients
3. number of patient credits required
4. radiology requirements
5. nutritional counseling requirements

*What happens if I do not meet these requirements?

A grade of "E" is assigned. The grade of INC is used only in cases with unforeseen circumstances. The University policy for giving an incomplete states, "An incomplete is assigned when, for reasons beyond their control, students engaged in passing work are unable to complete all class assignments." Therefore in order for a student to receive an incomplete for clinic, sufficient work must be completed so that it can be determined that a student is at the level of producing passing work.

*Will these requirements ever change?

It is possible that the clinic faculty will notice trends in student activity or patient flow that make adjustments to the requirements necessary. Changes will only be made if the change will result in improvement of the dental hygiene education. You will be given sufficient notice to adjust to any changes in requirements.

CLASSIFICATION OF TYPES

*How are types classified?

I. Pedodontic Patients--Mixed or Primary Dentition

A. Pedo A--.5 patient credit
1. Plaque present
2. No or possible light stain and/or calculus

B. Pedo B--1 patient credit
1. Plaque present
2. Moderate stain and/or calculus

C. Pedo C--1 patient credit
1. Child with special problem
(Example: uncontrollable, physically or mentally handicapped)
Patient credit is given upon consent of instructor.

II. Adult Patients--Permanent Dentititon

A. Type I--1 patient credit
1. Plaque present
2. Light calculus and/or stain
3. Gingivitis may be present
4. No pocket formation

B. Type II--2 patient credits
1. Plaque present
2. Light to moderate calculus present on mandibular lingual and/or maxillary buccal areas
3. Gingivitis may be present
4. Possible shallow pocket formation (4-5mm)

C. Type III--3 patient credits
1. Plaque present
2. Light interproximal calculus must be present. Light to moderate calculus may be present on mandibular lingual and maxillary buccal areas
3. Gingivitis may be present
4. Possible shallow pocket formation (4-5mm)

*D. Type IV--4 patient credits
1. Plaque present
2. Generalized moderate interproximal calculus
3. Gingivitis or periodontitis may be present
4. Possible pocket formation with minimal bone loss (5-6mm)

*E. Type V--5 patient credits
1. Plaque present
2. Generalized moderate to heavy calculus
3. Likely periodontitis with moderate to severe pocket formation (6-7mm)

*F. Type VI
1. Definite periodontal involvement
2. Severe pocket formation
3. Generalized heavy calculus
4. Possible Class II or III mobility
5. Patient needs referral

A Type VI patient will be handled as a special project for students who have completed or who are nearing completion of their semester requirements in the DH 310A or DH 310B course. The treatment will be overseen by the supervising dentist. Each Type VI patient will be handled individually depending on the needs of the patient and students.

Patient credit for a Type VI will be determined based on the type of activities in which the student was involved. The determination of these credits will be made by the supervising dentist, any other instructors that may be involved, and the clinic supervisor.

*All Type IV, V, and VI must have complete periodontal charting and a full mouth series of radiographs, if eligible.

A Plus (+) Type: This is a type that exhibits characteristics of a certain type with added difficulties. For example, physically or mentally handicapped, tongue thrust, etc.

Classification of Stain

Light: deposits on less than 25% of the tooth surface

Moderate: deposits on more than 25%, but less than 50% of tooth surface

Heavy: deposits on more than 50% of the tooth surface

*Any tissue laceration on any type will result in a drop of the patient grade in the scaling category (either subgingival or supragingival) by one letter.

PATIENTS

*Who are clinical patients?

The dental hygiene clinic is open to all members of the public. Most of the patients come from the University population. However, people from outside of the University are welcome.

*How can I locate a clinical patient?

The dental hygiene clinic performs a screening of patients on a regular basis. These "screened" patients will be available to the student and appointed at a convenient time. (Please refer to additional information concerning appointment book procedures.) However, in order for a student to meet clinical requirements it may be necessary to locate patients from somewhere other than the screening process. A student may locate a patient who has not been screened and appoint him/her to be a clinical patient. It will still be necessary for the student to perform screening procedures with this patient.

*How can I be sure that my patient will show up for the appointment?

You will occasionally have a broken or cancelled appointment. However, if you will regularly confirm appointments the day before with your patients, and if you are clear on directions for parking and locating the building, your patients will be less likely to forget an appointment or be lost in getting to the clinic. We recommend that you keep a personal call list of your patients that are willing to come in on short notice.

*How can I keep track of my patients and their appointments?

We recommend a small personal appointment book and encourage you to record each appointment in this book. Also we recommend that you keep your patients' names and phone numbers in this book to save time when phoning them. It would also be helpful to you to note when the patient is due for a recall appointment. This will save you time as well.

PATIENT CHARTS

*When is a patient chart prepared?

A patient chart is made any time someone receives services in the Dental Hygiene Clinic. This includes patients receiving radiographs, preventive education, screening and prophylaxis.

*Where are the patient charts kept?

The charts are to be kept in the filing cabinets behind the reception desk. These cabinets are kept locked at times when the clinic is closed. A student is to have a patient's chart during the treatment. All patient charts are the property of the SIUC Dental Hygiene Clinic and are not to be given to the patient. Records check-out and return will be monitored by the records clerk.

*What should I do if my patient's chart cannot be found?

Occasionally charts are misfiled. YOU ARE NOT TO BEGIN TREATMENT UNTIL THE PATIENT CHART HAS BEEN LOCATED OR A DUPLICATE CHART MADE.

*How do I make a duplicate chart?

You will need to re-do all forms. Mark each page of the new chart with the word "DUPLICATE" and explain the situation on the treatment sheet.

*What should a complete chart contain?

A complete patient chart should contain the following forms in this order:

Medical/Dental History
Oral Inspection Chart
Treatment Plan/Treatment Sheet

The chart should be labeled with a self adhesive label. The patient's name should be typed on the label last name first, followed by first name.

All notations on patient records should be made in ink and should be legible.

All comments should be written using professional terms.

FORMS

Work Sheets

*What is a worksheet?

A worksheet is a form on which grades are recorded during patient treatment.

*What is the purpose of a worksheet?

The worksheet serves as a method of recording errors in calculus charting, scaling and plaque removal. The worksheet also provides space for instructor comments and grades.

*Where is the worksheet kept?

The worksheet is not to be kept in the patient chart. It is to be filed in your clinic notebook. During patient treatment the worksheet should be on your clipboard.

Treatment Sheets

*What is a treatment sheet?

A treatment sheet is a record of all services rendered to the patient while in the dental hygiene clinic.

*What is the purpose of a treatment sheet?

The treatment sheet is a valuable piece of information. It provides the professional with facts concerning patient treatment and education. It also names the student/students and instructor/instructors involved with the patient treatment. Recorded information on the treatment sheet must always be neat, accurate, and complete. Information must always be recorded in ink. A treatment sheet is to be completed for every patient and kept in the patient records.

Patient Records

*What is a Patient Record?

A patient record is the method used for keeping track of all patients seen by you in clinic.

*What is the purpose of a patient record?

A patient record will keep an accurate count of your clinic grades as well as your progress on clinic requirements.

*Where is the patient record kept?

This record is a very important clinic document and should be kept in a safe place when not in use. During clinic this record should be on your clipboard for easy access when recording grades.

Performance Reports

*What is a performance report?

A performance report keeps a day-to-day accounting of your clinical activities and time spent in the clinic. Instructor comments are recorded on these reports. You are to have one for every day you are assigned to clinic with the exception of your duty days (CA, XA, R). These reports are two-part. One copy is kept by you in your clinic notebook. The other copy is kept by your clinic advisor.

SCHEDULE OF APPOINTMENT ACTIVITIES

*What routine should I follow during a clinic session?

I. GENERAL CONSIDERATIONS

A. Be present in clinic 10-15 minutes prior to the beginning of your clinic session.
B. Each student is responsible for the cleanliness of her assigned unit and surrounding area.
C. All instruments must be sharp and sterilized at the beginning of each clinic session.
D. Instrument cases must be clean and well organized (should contain all supplies).
E. Each clinic session is 3 hours and 50 minutes long. You are expected to be present in clinic for the entire session.
F. Always check-in with your assigned clinical instructor at the beginning of each clinic session.
G. If your patient does not appear on time and/or your work is completed, inform your clinical instructor.
H. Remain in clinic section until all students are cleaned up and dismissed by instructor. (Help others.)
I. Last ½ hour of each clinic period is to be used for unit clean-up and student-faculty discussion.

II. PREPARATION OF EQUIPMENT

A. To be completed prior to patient's arrival
B. Complete thorough hand scrub with brush
C. Sanitation and disinfection of unit and chair
D. Preparation of bracket tray.
E. Preparation of patient records
   1. If the patient is new, you will obviously not be able to review the records.
   2. If the patient is a recall or return, then you should obtain the patient's folder when you first arrive to clinic. Before you seat your patient, review the following:
      a. Check the medical and dental histories, the oral inspection, and the treatment and progress notes.
      b. Compare the gingival and plaque indices of previous visits. Be familiar with previous brushing and flossing instructions given to this patient.
      c. Examine the radiographs, noting any abnormalities on the Oral Inspection Chart.

III. PATIENT RECEPTION

A. Receptionist
   1. Initially greets the patient.
   2. Requests that the patient sign the "Check-in" list.
   3. If a NEW patient, instructs patient on filling out the medical and dental history forms located in prepared folder.

B. Hygienist
   1. Refers to the "Check-in" list to determine if patient has arrived.
   2. If so, crosses patient's name off the "Check-in" list and then receives patient.
   3. Determines a need for fee payment and helps patient take care of that with the receptionist.

IV. SCREENING PROCEDURES--to see if patient is eligible for treatment

A. Medical and dental history
   1. Verbally review each new medical and dental history thoroughly, marking in RED anything that needs attention.
   2. Verbally up-date each medical and dental history taken at a previous date, marking in red any new condition needing attention. Be sure to date any changes made.
   3. At each initial appointment, both student, patient, and instructor should sign and date the history.
   4. Record on treatment sheet.

B. Vital Signs
   1. Read pulse, temperature, respiration, and blood pressure
   2. Record reading on medical history

C. Radiographs
   1. Make bite-wing radiographs (only on eligible patients)

D. Intra-oral and Extra-oral Examination
   1. Review your examination procedure thoroughly so you know exactly what to palpate when, and what to look for where.
   2. Record all findings on the Oral Inspection Chart. Describe any abnormalities in space provided.
   3. Charting:
      a. Occlusion--be specific.
         1. Posterior classification of occlusion
         2. Anterior description of occlusion
      b. Periodontium
         1. Periodontal Evaluation--record in box provided. Score will determine whether or not patient needs periodontal charting.
         2. Periodontal Charting--determined by periodontal evaluation and dentist examining patient.
         3. Gingival Evaluation

c. Dental charting--Initial on all new patients; up-date on recalls (tape a new existing conditions chart over the used one)
   1. Record all existing conditions and restorations.
   2. Record all abnormalities and carious lesions.

4. Indices
   a. Plaque Index--Score according to approved procedure.
   b. Gingival Index--Score according to approved procedure.

V. SCREENING CHECK--This check will hopefully be done by the supervising dentist for that day, but if he/she is busy, ask your assigned instructor to do the screening check. She will refer any problems to the dentist.

Prepare all necessary materials for instructor's use.

A. Have mouth mirror clean.
B. Have bracket tray neat and organized.
C. Have all necessary instruments and supplies ready.
D. Have clipboard organized with patient forms completely filled out, in order, including:
   1. Medical and dental history
   2. Oral Inspection Chart
   3. Treatment Plan/Treatment Sheet
   4. Clinic work sheet
E. Explain to your patient that your instructor (or dentist) will now check what you have done thus far in the procedure.
F. Notify your section instructor that you are ready for a check.
G. Introduce your patient to the instructor, "Mrs. Jones, this is my instructor, Ms. Smith."
H. Brief the dentist/instructor on any necessary items found on the medical or dental history. Be ready to answer any questions pertaining to the patient's oral inspection.
I. Listen carefully to the conversation between the patient and the dentist/instructor.
J. The dentist/instructor will at this time evaluate the oral inspection. Also, the student and instructor will discuss the procedures to be completed during the clinic period(s), and record this information on the patient's Treatment Plan.
K. Review the treatment plan with the patient. Be sure to discuss the treatment fee and the time involved.
L. Have the patient sign the Treatment Plan.

VI. BEGIN OR CONTINUE PLAQUE CONTROL PROGRAM

A. After the instructor check, you may proceed with patient education and instructions most appropriate for the individual needs of the patient.
B. Disclose your patient and then have them rinse. Record the plaque score on the proper chart. Then have the patient point out all areas of plaque.
C. Explain to the patient the significance of the plaque score, and discuss the effect of plaque on the teeth and gingiva. Then proceed with detailed instructions and demonstrations on the most appropriate methods of home care for this patient.
D. Have the patient demonstrate for you in his own mouth, assuring both the patient and you of adequately learned psychomotor skills.

*NOTE: Procedures and "checks" outlined below will be contingent upon student/instructor/patient plans for the day.

VII. EXPLORE--Record all deposits on Clinic Worksheet--Deposit Chart

A. Explore the patient's entire mouth for calculus.
B. Chart: Supragingival calculus. . . . . Light Green
Subgingival calculus. . . . . Dark Green
Stain . . . . . Brown
C. Circle--light, medium and heavy--stain

VIII. EXPLORATION CHECK

A. Refer to "Screening Check" for procedure.
B. Instructor checks deposits recorded. Any areas missed, or areas "over-charted" are marked by a plus or minus at the area designated.
C. Instructor will record number of areas missed in exploring
D. Instructor and student will "type" the patient.

IX. SCALE

A. Scale the patient's mouth following a definite pattern.
B. Check with your instructor for treatment plan on particularly difficult patients.
C. On Type IV and V patients the scaling procedure should be completed by quadrants. A scaling check should follow each quadrant unless directed otherwise by instructor.
D. Seek assistance during scaling if needed.

X. SCALING CHECK

A. Refer to "Screening Check" for procedures.
B. Instructor will explore entire mouth for deposits missed. Any deposits found remaining will be marked on the worksheet. This will help the student when going back to remove areas missed.
C. Student will rescale all areas missed, and then is rechecked by their instructor. Any areas missed will then be removed by the instructor.

XI. POLISH

A. If polishing is indicated, polish the entire mouth, following a definite pattern.
B. Floss the entire mouth.
C. Disclose and check for plaque.
D. Repolish and/or refloss where needed.

XII. POLISHING CHECK

A. Refer to "Screening Check" for procedure.
B. Have a fresh disclosing swab ready for instructor.
C. Instructor will check entire mouth for any stain or plaque left. Areas missed are recorded on the Worksheet by the student, to refer to when repolishing.
D. Areas missed are repolished.
E. A final recheck is then given by instructor.

XIII. FLUORIDE TREATMENT

A. Perform fluoride treatment as indicated on treatment plan.
B. Record method used on treatment sheet.

XIV. TISSUE CHECK

A. If fluoride was just given, have instructor check patient's tissue for any adverse reaction from fluoride.
B. Before releasing any patient from clinic, have the instructor check the patient's tissues, and discuss the procedures performed.

XV. DISMISSAL OF PATIENT

A. Return to patient all of his belongings (including applicances, glasses and preventive aids used during patient education).
B. Make another appointment if necessary and complete an appointment card for the patient.
C. Determine recall status of patient. If this has been the final appointment for the patient discuss his/her recall status.
D. Lower chair and push bracket table, handpiece, and light to side of chair to allow easy exit.
E. Walk your patient out to the reception room.
F. Accurately complete an appointment slip for the appointment book.

XVI. PREPARATION OF CUBICLE FOR NEXT PATIENT

A. Care of instruments
   1. Wash all instruments thoroughly with soap and water and place in the vibraclean for debris removal.
   2. Sharpen instruments.
   3. Wash again and dry thoroughly.
   4. Wrap instruments in paper towel and place in autoclave bag. Also place sharpening stone in autoclave bag and autoclave.
B. Clean and lubricate handpiece and prophy angle.

XVII. POST-OPERATIVE PROCEDURES

A. Prepare for next patient if applicable.
B. At the end of the day or clinic session, wash down unit with a damp paper towel and disinfectant (Triad).
C. Perform daily maintenance and weekly maintenance. (If applicable).
D. Return chair to standard raised position.
E. Turn off unit.
F. Check your cubicle closely for debris on floor. Leave your area spotless.
G. Ask your clinic section instructor for a unit check.

XVIII. PATIENT CREDIT CHECK (FINAL CHECK)

A. In order to receive patient credit the instructor must check the patient chart and your records. This should be done at the end of the clinic session at which the patient was completed. Have the following assembled.

1. Radiographs
   a. Radiographs are to be mounted, labeled and interpreted completely.
2. Patient's Chart
   a. The patient's chart is to be organized correctly and ready to file. Forms should be arranged in the following order:
      1. Medical/Dental History
      2. Oral Inspection Sheet
      3. Treatment Plan/Treatment Sheet
   b. The instructor will check the forms for accuracy and completion. If the folder is not organized properly no patient credit signature will be given.

B. The patient chart should be returned to the proper bin at the reception desk immediately following this check.

STUDENT/PATIENT HEALTH AND SAFETY

Liability Insurance

It will be the dental hygiene student's responsibility to purchase and keep up-to-date professional liability insurance. Any student failing to do so will be restricted from patient treatment while in clinic. A copy of the student's proof of insurance will be kept in the student's permanent file. Student liability insurance can be purchased from:

Maginnis and Associates, Inc.
PO Box 94250
Chicago, IL 60690
(312) 427-1441

CPR

Each student must be certified in CPR before entering into patient treatment. The CPR must be updated yearly while in DH 208, DH 209, DH 310A and DH 310B. Failure to become certified in CPR or to remain current will result in the student being restricted from patient treatment while in clinic.

Communicable Diseases

In an effort to control the spread of disease and protect the students and patients from communicable diseases such as tuberculosis, hepatitis and herpes virus, the following precautions will be taken:

1. A complete medical history must be done with each patient and updated verbally at each visit. A history over six months old will be redone in writing.
2. Mask and gloves must be worn during all intraoral procedures.
3. A current skin test is required of each student before he/she may begin treating patients in the clinic. The skin test must be redone yearly. The student will be allowed in patient contact only if the skin test is kept up-to-date and reads negative. Proof of a negative skin test will be kept in the student's permanent file.

THE PREMEDICATED PATIENT

*What patients require premedication before receiving dental treatment?

Patients who have or have had any of the following require premedication:

Rheumatic or other acquired valvular heart disease
Idiopathic hypertrophic subaortic stenosis
Mitral valve prolapse syndrome
History of endocarditis

*Who oversees the treatment and premedication of these patients?

The supervising dentist will make recommendations for premedication if it is indicated. Any time you suspect that a patient may require premedication before dental treatment a clinic instructor or the supervising dentist should be consulted.

*Is there a special treatment for the pacemaker patient?

Yes. The supervising dentist will initially determine the need for premedication. During treatment a sign (available at each section station) is to be posted on the Vibraclean indicating a compromised patient in the section. When this sign is posted no ultrasonic scalers or vibracleans should be used in the section.

EQUIPMENT

*What does unit maintenance mean?

Unit maintenance involves daily cleaning and disinfecting of the unit. Weekly maintenance involves such duties as cleaning of the main suction, oiling of handpieces and other duties that are not required daily. Please refer to additional information concerning these tasks.

*How often is maintenance performed?

Of course, daily cleaning is done at the end of each clinic session, both a.m. and p.m. Weekly maintenance is done on Wednesdays, alternating weeks between a.m. and p.m. sections.

*What is a unit check?

A unit check is an inspection of the unit by the section instructor. You are to ask your section instructor for a unit check at the end of each clinic session. The purpose for this is two-fold:

1. The unit is left clean for the next student.
2. The instructor is made aware that your work is complete and that you are ready to leave for the day.

*Are there times when I do not need a unit check?

Only if your clinic section instructor has dismissed you and given an okay to leave without a unit check may you dispense with this check.

*May I switch units if my unit is not working properly?

Only after discussing the move with your clinic section instructor.

*How do I report equipment problems and malfunctions?

Equipment problems and malfunctions are to be reported immediately. Pink index cards are located at each clinic station. These are used to describe the nature of the problem. These cards are to be taped to the light arms. Repair will be done as soon as possible.

INSTRUMENTS

*What can I do to keep my instruments from being lost or stolen?

a. Engrave all instruments as soon as you receive them.
b. Keep instruments locked up while on break or away.
c. Don't leave items in chemical disinfection any longer than necessary.
d. Don't lend items to other students.
e. Clean and bag instruments immediately after using.
f. Keep instruments only in a clean, organized instrument case, not loose in lockers.

*What can I do to keep my instruments in good working order?

a. Handle instruments carefully.
b. Carefully and thoroughly clean and bag instruments after use.
c. Keep instrument case clean and organized.
d. Keep instruments sharp and ready to use.

*What should I do if I lose or break an instrument?

Ask a clinic instructor to check in the lost and found. <u>If your item can be identified</u> and it is in the lost and found you may claim it.

*How can I get new instruments?

The clinic supervisor has extra instruments for sale. Occasionally, some items will have to be ordered. So, check your instruments well before the board exam so that you can have all of the necessary equipment on hand.

ULTRASONIC SCALING DEVICES

*What is the SIUC Dental Hygiene program's policy concerning ultrasonic scaling devices?

Ultrasonic scaling devices are considered adjuncts to hand scaling. They are not finishing instruments. Ultrasonic scalers are to be used for gross scaling, primarily supragingivally with limited use in the subgingival areas (1-2 mm). The ultrasonic scaler is not to be used for periodontal treatment procedures unless in conjunction with the supervising dentist for specific patients.

*When will I be using the ultrasonic scaling device?

The use of the ultrasonic scaling device will be handled individually with each student. The device will only be used when patient care warrants its use and when the experience will be of value to the dental hygiene student. The use of the ultrasonic device will be introduced only after the student has reached a high level of ability with the hand instruments.

*Who will be instructing and supervising me in the use of the ultrasonic scaling device?

You will receive classroom instruction concerning the concepts of ultrasonic scaling. The technique will be demonstrated in the clinical situation. Your use of the ultrasonic device will be supervised by your clinical instructor.

Student _____
ID # _____
Date _____

KEY
A = Acceptable--5 points
I = Improvable--3 points
U = Unacceptable--0 points
NA = Not observed

TECHNIQUE EVALUATION FORM

PROFESSIONALISM

___ A. Arrives on time and utilizes time efficiently
___ B. Establishes a rapport with pt.
___ C. Establishes a rapport with faculty, and peers
___ D. Is courteous and tactful when dealing with other people
___ E. Presents a positive attitude when dealing with patients, faculty and peers

☐

PERSONAL APPEARANCE

___ A. Follows clinic dress code
___ B. Presents a neat appearance
_____
_____

ASEPTIC TECHNIQUE

___ A. Maintains sterile chain throughout appointment
___ B. Cleans and disinfects working area
___ C. Thoroughly cleans and sterilizes instruments and equipment
_____
_____

WORK AREA & SUPPLY CONTROL

___ A. Positions equipment for easy access
___ B. Maintains neat, orderly work area throughout appointment
___ C. Assembles necessary materials for session
___ D. Uses appropriate amount of dispensable supplies

☐

POSITIONING

___ A. Operator is positioned for comfort and stability
___ B. Position of the operator allows for maximum vision and accessibility to an area
___ C. Patient is positioned comfortably
___ D. Position of patient allows for maximum vision and accessibility to an area
___ E. Use of the light allows for maximum vision
___ F. Use of indirect vision to aid in maximum vision

☐

EXPLORING FOR CALCULUS DETECTION

___ A. Uses a light modified pen grasp
___ B. Establishes a firm intra-oral fulcrum
___ C. Uses short vertical or oblique overlapping, walking strokes
___ D. Rolls the handle between the fingers to keep the tip closely adapted to the tooth
___ E. Completely explores all accessible tooth surfaces as necessary for calculus detection
___ F. Utilizes compressed air as needed for calculus detection
___ G. Uses light pressure
___ H. Maintains patient comfort
___ I. Follows a routine

☐

SCALING FOR THE REMOVAL OF CALCULUS

___ A. Uses the instrument most efficiently designed for the area being scaled

___ B. Uses a modified pen grasp

___ C. Establishes a firm intra-oral fulcrum

___ D. Uses short, vertical or oblique overlapping strokes

___ E. Uses the appropriate portion of the cutting edge for calculus detection and removal

___ F. Avoids tissue laceration

___ G. Uses appropriate lateral pressure during exploratory and working stroke

___ H. Rolls instrument between the fingers to keep the instrument adapted to the tooth surface

___ I. Utilizes correct tooth/blade angulation during both exploratory and working strokes

___ J. Utilizes exploratory strokes to locate the base of the deposit, prior to the working stroke

___ K. Maintains patient comfort

___ L. Follows a routine

___ M. Maintains a clear field of vision

___ N. Maintains properly honed instruments

☐

POLISHING FOR STAIN AND PLAQUE REMOVAL

___ A. Chooses the appropriate materials for the conditions

___ B. Uses a light patting motion when adapting the rubber cup and brush

___ C. Uses appropriate speed and pressure against the tooth

___ D. Flares the edge of the rubber cup into the sulcus and interproximal areas

___ E. Uses a firm fulcrum

___ F. Adequately flosses accessible interproximal and sulcular areas

___ G. Uses the brush on appropriate tooth surfaces as needed

___ H. Adapts the outer rows of the brush bristles to the tooth surface

___ I. Utilizes disclosant as needed for plaque identification

___ J. Follows a routine

___ K. Maintains a patient comfort

___ L. Maintains a clear field of vision

☐

PATIENT DENTAL EDUCATION

___ A. Incorporates education throughout appointment

___ B. Considers the patient's needs when deciding on patient education

___ C. Positively reinforces patient's good dental health habits

___ D. Effectively involves the patient in the dental health process

☐

POST OPERATIVE TECHNIQUE

___ A. Completes daily maintenance

___ B. Completes weekly maintenance

___ C. Completes and files clinic records

___ D. Turns off equipment and returns to proper position and/or location

☐